

**REPORT TO CITY CLERK  
SPECIAL DESIGNATED LICENSE APPLICATION**

☒ Police  
☐ City Attorney  
☐ Bureau of Fire Prevention  
☐ Health Department

DATE: 9/01/04  
Return by: 9/16/04

CATERER: **X**

NON-CATERER:

APPLICANT: **BARRYMORE'S**

APPLICANT'S ADDRESS: **124 NORTH 13<sup>TH</sup> STREET**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **124 NORTH 13<sup>TH</sup> STREET**

DATE(S) OF EVENT: **OCTOBER 2, 16, 30, NOVEMBER 26, 2004**

TIME(S) OF EVENT : **8 AM TO 8 PM**

**DETAILS ON ATTACHED APPLICATION.**

**RECOMMENDATION OF APPROVAL OR DENIAL**



APPROVED

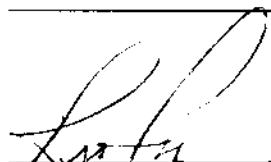
CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DENIED

REASON(S) FOR \_\_\_\_\_

\_\_\_\_\_

 #843  
Signature

9-2-04  
Date

(If needed, use back for additional space)

**PUBLIC HEARING BEFORE COUNCIL: 9/13/04**

(SDLRPT.JFR)

**SPECIAL DESIGNATED LICENSE APPLICATION  
SUPPLEMENTAL FORM**

**FILED**

CITY CLERK'S OFFICE

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

2004 SEP 1 P 3:07

Name of Event: Barrymore's

CITY OF LINCOLN

Applicant and Sponsoring Organization or Person (if applicable): NEBRASKA

Date of Event: 10-2, 10-16, 10-30, 11-26

Time of Event: 2 hrs. prior to event

Has the applicant applied for and received liquor liability insurance? ☐ Yes ☐ No

Number of persons expected to attend: 100 Number of persons under 21 expected: 10  
Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

check ID's before they enter

Will food be served? ☒ Yes ☐ No

If yes, please list food to be served: Hot dogs, Hamburgers, Bratwursts

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: soft drinks, Juice, lemonade, water, coffee

Please identify the beverages containing alcohol that will be served: ☐ Wine ☒ Beer  
☒ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? Bartenders, Managers

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

**PLEASE USE REVERSE TO PROVIDE A SITE PLAN  
(This is mandatory)**

[Signature]  
Applicant's Signature

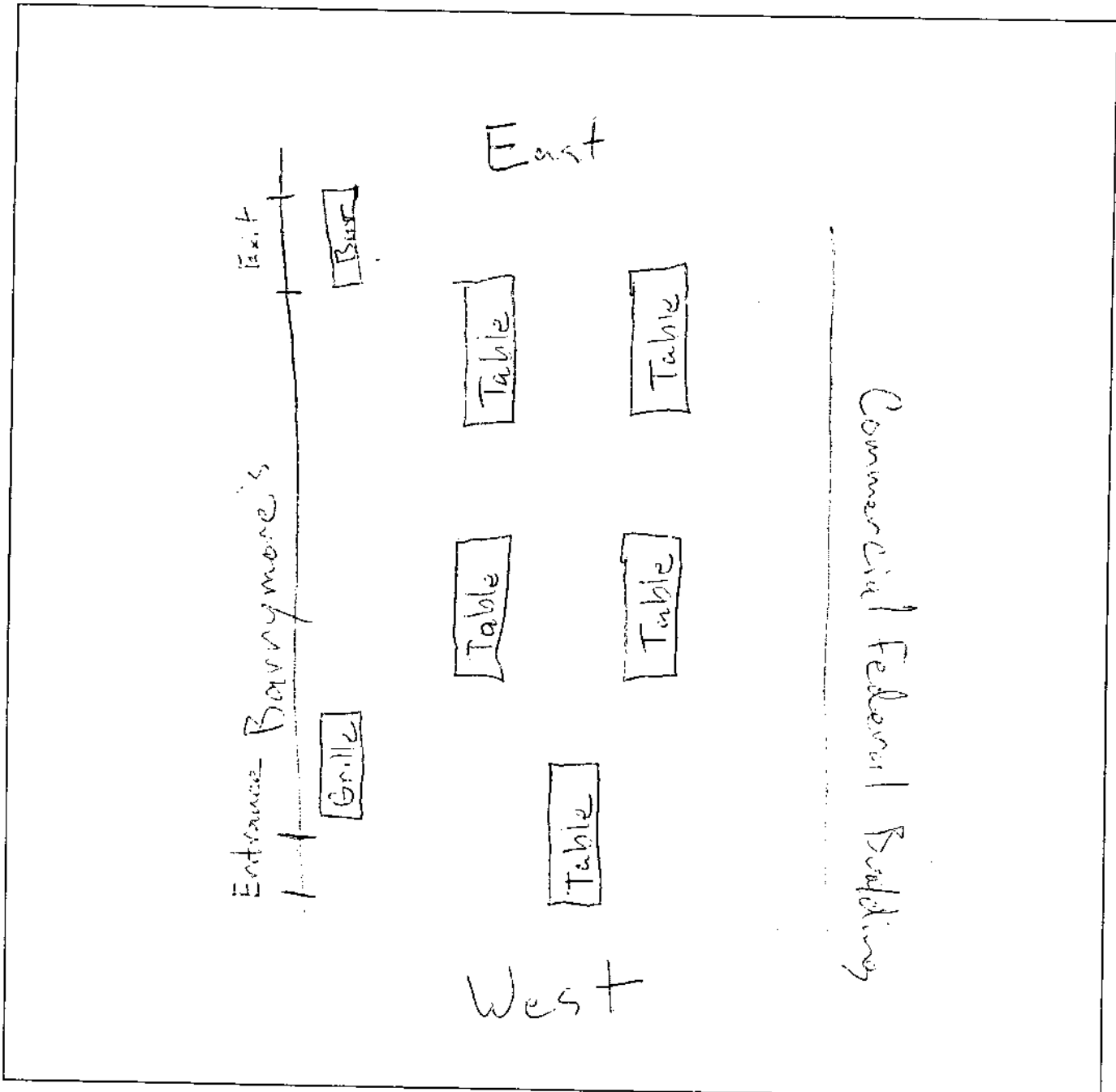
9-1-07

Date

## SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (20' x 40') 2 exits, east west
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (20' x 40')
4. Location & type of cooking equipment (if used) Grille
5. Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing.
6. Height & type of Fencing to be used.  
Green fence 4ft.



USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event  
 Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission  
 A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day  
**LOCAL APPROVAL** must be included with this application  
 A Signed Statement from Local Police Chief or County Sheriff (question #12)  
**NON PROFIT CORPORATION MUST include a letter from the IRS** declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☒ Distilled Spirits  
 Status of the Applicant (check one)  
 Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☒ Public Service Corporation ☐ Museum Corporation ☐ Licensee Corporation  
 Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) **CH 50103**

**Barrymore's 124 N. 13th St. Lincoln, NE 68508**  
 Address or location of premises to be covered by license. (City, County Number, Zip Code)  
**Barrymore's Alley 124 N. 25th St. Lincoln, NE 68508**  
 this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.  
**Chad Clark 1121 N. 28th St. Lincoln, NE 68513**  
 Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

**Chad Clark (402) 617-8776**  
 DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)  
**Sat. 10-2-04 Two hours prior to game**  
 PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:  
 Time(s) of event (example 8am to 1am, this is considered one day)  
 FROM: **8am** TO: **1am**

Describe the Type of Activity to be carried on during the time period for which the license is requested.  
**Tailgate type party w/ BBQ & drinks**  
 Provide an estimated number of attendees at this event **30-60**. If the number of attendees is over 250 attach a separate page listing the steps that will be taken to prevent underage persons access to alcoholic beverages.

**PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.**  
**LPD 843 CJIS**  
 List the number of SDL's that you have applied for at this specific location in the last six months. **None**

DL Fee for The City of Lincoln is **25.00**. Please make check payable to The City of Lincoln.

CONTINUE ON BACK

cc: 9/12

FILED  
 CITY CLERKS OFFICE  
 2004 AUG 23 P 3:35  
 CITY OF LINCOLN  
 NEBRASKA

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event  
 Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission  
 A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day  
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Type of Beverage(s) to be served: ☒ Beer ☐ Wine ☒ Distilled Spirits

Status of the Applicant (check one)

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☒ Public Service Corporation ☐ Corporation ☐ Museum ☐ Corporation ☐ Corporation ☐ Corporation ☐ Licensee ☐ Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number **ck 50103**  
 (City, State, County Number, Zip Code) And Class (Example C/K)

Barrymore's 124 N. 13th St. Lincoln, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code)

Barrymore's Alley 124 N. 13th St. Lincoln, NE 68508

this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Chad Clark 1121 N. 28th St. Lincoln, NE 68513

Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that all applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

Chad Clark (402) 617-8776

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

Sat. 10-16-04 Two hours prior to game

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

Time(s) of event (example 3am to 1am, this is considered one day)

FROM: 12am TO: 2am 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.

Tailgate type party w/ BBQ & drinks

Provide an estimated number of attendees at this event 30-60. If the number of attendees is over 250 attach a separate page detailing the steps that will be taken to prevent underage persons access to alcoholic beverages.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

Indicate the number of SDL's that you have applied for at this specific location in the last six months. None

SDL Fee for The City of Lincoln is \$25.00. Please make check payable to The City of Lincoln.

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FILED  
CITY CLERK'S OFFICE  
LINCOLN, NE  
JUN 23 10 33 AM

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event  
 Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission  
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Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number  
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CK 50103

Barrymore's 124 N. 13th St. Lincoln, NE 68508

Address or location of premises to be covered by license. (City, County Number, Zip Code)

Barrymore's Alley 124 N. 13th St. Lincoln, NE 68508

this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

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Chad Clark (402) 617-8776

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

Sat. 10-30-04 Two hours prior to game

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

Time(s) of event (example 3am to 1am, this is considered one day)

FROM: 8am TO: 8pm 1am

Describe the Type of Activity to be carried on during the time period for which the license is requested.

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LPD843 CJIS

State the number of SDL's that you have applied for at this specific location in the last six months. None

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CONTINUE ON BACK

FILED  
 CLERKS OFFICE  
 AUG 23 P 3:35  
 LINCOLN  
 NEBRASKA

ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

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Chad Clark (402) 617-8776

DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

Nov. 22, 2004 Nov. 26, 2004

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

Inside Barrymore's Lounge

Time(s) of event (example 8am to 11am, this is considered one day)

FROM: 8am TO: 11pm 2 hours prior to games

Describe the Type of Activity to be carried on during the time period for which the license is requested.

Tailgate type party w/ BBQ & drinks

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